

The United States National Committee  
on Vital and Health Statistics

Fiscal Years 1975 and 1976

Reproduced and distributed for the Committee by the  
NATIONAL CENTER FOR HEALTH STATISTICS



ANNUAL REPORT OF

**The United States National Committee  
on Vital and Health Statistics**

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
Health Resources Administration



**ROSTER OF THE  
UNITED STATES NATIONAL COMMITTEE ON  
VITAL AND HEALTH STATISTICS**

Kerr L. White, M.D., Director, Institute for Health Care Studies, United Hospital Fund, New York, N.Y., Chairman

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**MEMBERS**

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## CHARTER

# UNITED STATES NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

### **Purpose**

The Secretary and by delegation the Assistant Secretary for Health and the Director, National Center for Health Statistics, are charged under section 306 of the Public Health Service Act, as amended, 42 United States Code 242k, with the responsibility to collect, analyze, and disseminate national health statistics on vital events and health activities, including the physical, mental, and physiological characteristics of the population, illness, injury, impairment, the supply and utilization of health facilities and manpower, the operation of the health services system, health economic expenditures, and changes in the health status of people; administer the Cooperative Health Statistics System; stimulate and conduct basic and applied research in health data systems and statistical methodology; coordinate the overall health statistical activities of the programs and agencies of the Health Resources Administration and provide technical assistance in the management of statistical information; maintain operational liaison with statistical gathering and processing services of other health agencies, public and private, and provide technical assistance within the limitations of staff resources; foster research consultation and training programs in international statistical activities; and participate in the development of national health statistics policy with Federal agencies.

### **Authority**

42 United States Code 242k, section 306(i) of the Public Health Service Act, as amended. The Committee is governed by provisions of Public Law 92-463 which sets forth standards for the formation and use of advisory committees.

### **Function**

The United States National Committee on Vital and Health Statistics shall assist and advise the Secretary and Assistant

Secretary for Health to delineate statistical problems bearing on health and health services which are of national or international interest; to stimulate studies of such problems by other organizations and agencies whenever possible or to make investigations of such problems through subcommittees; to determine, approve, and revise the terms, definitions, classifications, and guidelines for assessing health status and health services, their distribution, and costs for use (i) within the Department of Health, Education, and Welfare, (ii) by all programs administered or funded by the Secretary, including the Federal-State-local cooperative health statistics system referred to in subsection (e) of section 306, and (iii) to the extent possible as determined by the head of the agency involved, by the Veterans' Administration, the Department of Defense, and other Federal agencies concerned with health and health services; with respect to the design of and approval of health statistical and health information systems concerned with the collection, processing, and tabulation of health statistics within the Department of Health, Education, and Welfare; to review and comment on findings and proposals developed by other organizations and agencies and to make recommendations for their adoption or implementation by local, State, national, or international agencies; to cooperate with national committees of other countries and with the World Health Organization and other national agencies in the studies of problems of mutual interest; and to issue an annual report on the state of the Nation's health, its health services, their costs, and distributions, and to make proposals for improvement of the Nation's health statistics and health information systems.

## **Structure**

The Committee shall consist of 15 members, including the Chairperson, selected by the Secretary, or his designee, who have distinguished themselves in the fields of health statistics, epidemiology, and the provision of health services.

Members shall be invited to serve for overlapping three-year terms, terms of more than two years are contingent upon the renewal of the Committee by appropriate action prior to its termination. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his

predecessor was appointed shall be appointed only for the remainder of such term. A member may serve after the expiration of his term until his successor has taken office.

Management and staff services shall be provided by the Office of Program Development and the Associate Director of Program Development, National Center for Health Statistics, who shall serve as Executive Secretary.

## **Meetings**

Meetings shall be held biannually or at the call of the Chairperson, with the advance approval of a Government official who shall also approve the agenda. A Government official shall be present at all meetings.

Meetings shall be open to the public except as determined otherwise by the Secretary; notice of all meetings shall be given to the public.

Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and departmental regulations.

## **Compensation**

Members who are not full-time Federal employees shall be paid at the rate of \$100 per day, plus per diem and travel expenses, in accordance with Standard Government Travel Regulations.

## **Annual Cost Estimate**

Estimated annual cost for operating the committee, including compensation and travel expenses for members but excluding staff support, is \$26,156. Estimate of annual man-years of staff support required is .85, at an estimated annual cost of \$15,400.

## **Reports**

An annual report shall be submitted to the Secretary through the Assistant Secretary for Health not later than October 15 of each year, which shall contain as a minimum a list of members and their business addresses, the committee's functions, dates and places of meetings, and a summary of

committee activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

### **Termination Date**

The duration of the United States National Committee on Vital and Health Statistics is continuing, and a new charter shall be filed no later than July 23, 1978, the date of the expiration of the next two year period following the date of the statute establishing this advisory committee, in accordance with section 14(b)(2) of Public Law 92-463.

Approved: June 24, 1976

David Mathews  
Secretary

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## ACTIVITIES DURING FISCAL YEARS 1975 AND 1976

On July 23, 1974, new legislation (Public Law 93-353) was passed by the Congress which established the United States National Committee on Vital and Health Statistics (USNCVHS) as an Advisory Committee to the Secretary of the Department of Health, Education, and Welfare (DHEW).

The new legislative mandate to the Committee expanded its membership from 12 to 15 members and considerably amplified its area of interest in health statistics activities on a national and international level.

The Committee was reorganized and expanded to full strength in the summer of 1975. The first meeting of the new Committee was held at DHEW headquarters on September 26, 1975. Dr. Theodore Cooper, Assistant Secretary for Health, indicated that DHEW was taking a new look at its health statistics and health information programs. He stated that Congress had also mandated such action by passing the legislation that established the National Committee. He said that the Office of the Secretary recognized the need for collecting better data with respect to usefulness, coverage, and quality; controlling data collection, aggregation, and distribution; and avoiding duplication and unnecessary collection of data.

Dr. Cooper reviewed the functions of the Committee, as outlined in Public Law 93-353, and termed the mandate challenging and wide-sweeping. He expressed the hope that as the major external Department advisory committee on health statistics, the National Committee would work closely with the DHEW Health Data Policy Committee, the internal committee responsible for coordinating the Department's statistical and information systems. In closing, Dr. Cooper indicated that full support for the National Committee would be forthcoming from his office as well as other elements in DHEW.

Throughout fiscal years 1975 and 1976, USNCVHS made every effort to carry out the mandate set forth in Public Law 93-353. The activities of the Committee are listed by function as indicated by statute:

It shall be the function of the Committee to assist and advise the Secretary:

*A. To delineate statistical problems bearing on health and health services which are of national or international interest, and to stimulate studies of such problems by other organizations and agencies whenever possible, or to make investigations of such problems through subcommittees.*

In carrying out this function, the Committee unanimously endorsed and accepted for publication a study prepared by a subcommittee established to develop recommendations for "Statistics Needed for National Policies Related to Fertility." The report identified a variety of programs and policies relating to fertility. It also identified gaps in these programs and suggested ways to close the gaps. The major recommendations of the report covered the three broad categories of data collection systems, analysis, and methods of data dissemination.

The Committee reviewed an interim report of a subcommittee established to develop recommendations for "Statistics Needed for Determining Health Effects of Environmental Conditions." The draft recommendations met with favorable reaction from the group. The Committee agreed that the report was to be published and its recommendations forwarded directly to the Assistant Secretary for Health.

It was agreed that USNCVHS would support the concept of a National Death Index to establish a system of procedures whereby, for approved research purposes, information on survival status of study participants could be obtained. The Committee supported National Center for Health Statistics (NCHS) efforts to make appropriate arrangements for the establishment and funding of such a system with assurances that relevant confidentiality policies would not be violated.

The Committee reviewed the implications of three pieces of legislation relating to the confidentiality policy under which NCHS operates. Section 308(d) of Public Law 93-353 provides protection of confidentiality to NCHS data similar to that provided census data. The Privacy Act of 1974 gives individuals the right of access to information the Government may have collected about them and the right to amend this information. However, there are exemptions for specific statistical systems of records which are applicable to NCHS data systems. The Freedom of Information Act requires that

the Government provide information to the public on request, but this has little bearing on statistical data because the two previously mentioned laws take precedence.

As a result of that review, the Committee formally recommended that the Secretary of Health, Education, and Welfare recognize *the urgent need to promulgate a single departmental policy on confidentiality as it affects the rights and needs of individuals, institutions, the public, and the Nation's health statistics system*. At present both the Professional Standards Review Organizations (PSRO's) and the National Center for Health Statistics Cooperative Health Statistics System are developing and planning to issue separate statements on confidentiality which will restrict the flow of information between these two Federal statistical systems.

In the area of international statistics, the Committee received several briefings in fiscal year 1976 on the progress of the Ninth Revision of the International Classification of Diseases (ICD), which is being developed under the auspices of the World Health Organization (WHO). The Ninth Revision of the ICD is being prepared for worldwide implementation in 1979. The Committee learned, however, that there was a feeling in the United States that the Ninth Revision would not be adequate for clinical applications and a committee was organized to adapt the ICD for clinical use. The Eighth Revision of the ICD was adapted once for general mortality and morbidity use in the United States, and then again specifically for hospital use.

The Committee strongly opposed any proposals for implementing two different versions of the ICD in the United States. Rather, it endorsed the idea of a coalition of interested users, led by NCHS, to produce a clinical modification that would be fully compatible with the Ninth Revision of the ICD. The modification would be aimed at eliminating the problems encountered with the several versions of the Eighth Revision. The Committee resolved to follow these developments closely.

To emphasize its concerns in this matter, the Committee sent the following recommendation to the Assistant Secretary for Health:

“USNCVHS recommends that the Secretary of DHEW be responsible for the development of a single integrated

system of classifications that should include causes of death, diseases, injuries, impairments, disabilities, procedures, health problems, and symptoms and their appropriate nomenclatures, and that examples of components of such a system include the International Classification of Diseases, the National Ambulatory Care Symptom Classification, the Current Procedural Terminology, and Uniform Minimum Basic Data Sets and related systems; for the promulgation, improvement, revision, and implementation of this system of classifications after consultation with others who may be affected by its national application; and for mandating use of this system of classifications for all Federal programs, Federally funded programs, and international statistical exchanges and comparisons."

USNCVHS reviewed international statistical activities of the Department for fiscal years 1975 and 1976. NCHS was a notable contributor to the World Health Statistics Annual and World Health Statistics Reports and participated with others in three health statistics projects funded by WHO. In addition, representatives of DHEW participated in a number of conferences and meetings sponsored by WHO to stimulate the development and improvement of health statistics and information systems throughout the world. They will be participating in a project sponsored by the Organization for Economic Cooperation and Development (OECD) to develop social indicators and maximize their international comparability.

NCHS was also designated as the WHO Center for Classification of Diseases in North America. The WHO Center will engage in research of interest to North America and WHO programs. This includes development of the structure, interpretation, and application of the ICD and supplementary classifications in North America, problems relating to North American usage in medical terminology and involving liaison with other Centers, and assistance to WHO in activities relating to the promotion and revision of the ICD. USNCVHS endorsed DHEW international activities, especially participation in OECD activities related to social indicators.

The Committee was concerned about the lack of statistical representation on the U.S. delegation to the World

Health Assembly and at the meetings of the WHO Executive Board. The Committee unanimously agreed to send the following recommendation to the Assistant Secretary for Health:

“Whereas Public Law 93-353 mandates an NCHS role in the development of cooperative and coordinative activities in international health statistical activities,

“Whereas the historical development of the U.S. National Committee on Vital and Health Statistics is firmly rooted in the development of WHO,

“Whereas NCHS has been designated recently as the WHO North American Regional Center for the International Classification of Diseases, Ninth Revision, and

“Whereas NCHS has major departmental responsibility for the decennial revision of the ICD,

“The U.S. National Committee recommends to the Assistant Secretary for Health that NCHS appoint a representative statistician to be included as a member or accompany each delegation to the World Health Assembly and the WHO Executive Board.”

*B. To determine, approve, and revise the terms, definitions, classifications, and guidelines for assessing health status and health services, their distribution, and cost.*

The Committee reviewed the status of the implementation of the Uniform Hospital Discharge Data Set (UHDDS) which had been developed at the 1969 Airlie House Conference. The use of this data set has been widely endorsed by the American Hospital Association, Blue Cross, Blue Shield, and other national bodies, and steps have been taken to implement the use of UHDDS by the Social Security Administration, Professional Standards Review Organization Council, and Office of Management and Budget.

The Committee learned that DHEW, through its Health Data Policy Committee, would coordinate the implementation of UHDDS throughout all DHEW programs, and insofar

as possible, all Federal programs. These efforts would be directed towards the national goal of general use of UHDDS, and subsequently other data sets, including the Ambulatory Medical Care Data Set, the forthcoming Long-Term Care Data Set, and the Manpower and Facilities Data Set.

The Committee expressed the view that it could assist in implementation by ensuring that the data sets met all current needs for data; not only for the Social Security Administration and PSRO's but also for the Bureau of Health Planning and Resources Development (BHPRD), Health Resources Administration, and the Cooperative Health Statistics System (CHSS), NCHS. It would also urge that all elements of the data be collected only once and then processed for multiple users in the output formats they required.

The Committee agreed to establish technical consultant panels (TCP's) to review or develop minimum basic data sets for a (1) Uniform Hospital Discharge Data Set, (2) Uniform Ambulatory Medical Care Data Set, (3) Manpower and Facilities Data Set, (4) Long-Term Care Data Set, and (5) Data Set for Hospital Costs.

The charge to each TCP would include (1) a review of the terms, definitions, and classifications proposed for each uniform basic data set, (2) consideration of each uniform basic data set in relationship to the needs for Medicare, statistical purposes, utilization review, PSRO use, health planning, the Cooperative Health Statistics System, and for epidemiological and etiological research, (3) recommendation of formats, timing, and circumstances for capturing and recording data elements for the flow of data through "information brokers," "data processors," State centers for health statistics, and other units responsible for sampling, processing, aggregating, and tabulating the data, (4) recommendation of solutions for the problems of geocoding so that the data needs of different political or geopolitical jurisdictions could be accommodated, (5) recommendation of mechanisms for revising each uniform basic data set and the periodicity for such revisions, and (6) making other recommendations relevant to the promulgation and implementation of such uniform basic data sets.

As an important first step in better coordination of data collection activities, the Committee recommended "that the

Assistant Secretary for Health designate one office for promulgating all uniform basic data sets, for monitoring their implementation, for informing the public and professional and institutional agencies and organizations regarding data sets, and for receiving suggestions for implementation, modification, or revision of uniform basic data sets."

Subsequent to these recommendations of the Committee, TCP's were established for the Uniform Hospital Discharge Data Set, Manpower and Facilities Data Set, Ambulatory Medical Care Data Set, and Long-Term Care Data Set.

Previous efforts to develop a UHDDS enabled its TCP to move more quickly in carrying out its charge, and a series of meetings were held in late 1975 and early 1976 by the group. At the February 25-26, 1976 meeting of the Committee, the chairman of the UHDDS Panel presented an interim report of the TCP's activities. The Panel directed a great deal of its attention to a review and critique of the 1975 Uniform Hospital Discharge Abstract (UHDA) Plan proposed by DHEW.

The main objective of the Plan was a uniform approach to the acquisition of UHDDS to meet the needs of the Social Security Administration as well as PSRO requirements. The TCP recognized that the proposed plan embraced these goals but apparently ignored the data needs of other Federal agencies as well as governmental and nongovernmental needs at State and local levels. The TCP recommended that the UHDA system be redesigned to include the concept of State "data brokers" to collect and process health statistical data and to provide for an NCHS role as a national "broker." The TCP also felt that UHDDS modifications on the UHDA did not conform to general criteria and guidelines for a minimum data set and specifically questioned the recommended collection of sensitive personal identifiers (particularly the social security number).

The interim report of the TCP contained six recommendations for Committee action as follows:

1. Review and endorsement of the Panel's recommendations on the UHDA Plan.
2. Review and appropriate endorsement of the UHDDS guidelines and criteria for all minimum data set development.

3. Formal endorsement of the UHDDS terms, definitions, and classifications as formulated by the TCP.
4. Endorsement of the data broker concept and of appropriate actions to insure its systematic development.
5. Immediate assumption of an appropriate leadership role in the development and implementation of the Ninth Revision of the ICD and any clinical adaptations for use in the United States.
6. Endorsement and support of the Uniform Bill Experiment and its subsequent implementation.

The interim report was accepted by USNCVHS.

At the May 11-12, 1976 meeting of USNCVHS, the Chairman of the TCP reported that there had been considerable concern and discussion generated by the original TCP recommendations, which reflected opposition to the use of the social security number as the identification number for physicians or patients. In response, the TCP recommended that action be initiated by an appropriate agency or agencies to study both the feasibility and form of a universal patient identification number.

There was a review of the previously endorsed concept of State "data brokers," which would include at least collection and processing of data and might include analytical and interpretive functions. There was some concern among USNCVHS members over the use of this term and the nature and extent of the responsibility of such a "broker," but the general concept was endorsed by the Committee.

USNCVHS commended the TCP for its work and unanimously endorsed the Panel's report. The report was forwarded to the Assistant Secretary for Health and to the Health Data Policy Committee with an indication that USNCVHS would welcome any written comments or criticisms of the report.

Due to budgetary constraints, the TCP's on Manpower and Facilities Data Set, Ambulatory Medical Care Data Set, and Long-Term Data Set were not able to meet until late in fiscal year 1976. The first meeting of these TCP's was principally organizational.

*C. To assist and advise the Secretary with respect to the design and approval of health statistics and*

*health information systems concerned with the collection, processing, and tabulation of health statistics within the Department of Health, Education, and Welfare.*

The Committee discussed the development of and need for data for planning purposes called for in the Health Planning and Resource Development Act of 1974. The Committee reviewed some of the data activities, which will be carried out jointly by NCHS and BHP RD, outlined in the document "Data Collection and Analysis under Public Law 93-641." The principal functions to be cooperatively undertaken include definition of data needs and standards development for planning agencies, training and technical assistance, and data utilization research and development. The Committee was advised that there was real concern that the Health Systems Agencies were using existing resources for their data collection and that unless otherwise mandated they would continue to develop their own data systems at great and unnecessary costs.

In consideration of this duplication of data collection efforts, the proliferation of confidentiality policies for individual agencies as in the Bureau of Quality Assurance (BQA), Health Services Administration, for PSRO activities, and other examples of lack of departmental coordination of data activities, the Committee sent the following resolution to the Assistant Secretary for Health:

USNCVHS recommends that the Secretary of Health, Education, and Welfare recognize the urgent need to

Require written understandings between administrative units within DHEW covering the collection, aggregation, processing, analysis, and cost-sharing of all major health related data activities. The best current example of such an understanding is that between NCHS and BHP RD. There is an urgent need for negotiation of similar agreements between the Office of Research and Statistics of the Social Security Administration and NCHS and between BQA and NCHS. USNCVHS also heard presentations that suggest a need for such negotiations between the Food and Drug Administration (FDA) and NCHS, the National Institutes of Health and NCHS, and the

Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) and NCHS.

The Committee reviewed Public Health Service activities in Drug Monitoring and Surveillance. A representative of the National Institute on Drug Abuse (NIDA) described its data collection activities carried out in monitoring drug abuse and drug treatment systems and explained the program's three major data collection systems. The Client Oriented Data Acquisition Process collects data on every client treated in every Federally funded facility for research and management purposes. The National Drug Abuse Treatment Utilization Survey is a national survey of all known drug abuse treatment units intended to collect information on utilization of these units. The Drug Abuse Warning Network provides statistical data on a sample of individuals treated primarily in hospital emergency units and crisis intervention centers which indicate trends in drug abuse and related matters.

NIDA is concerned with the confidentiality of its data but feels that putting only a client identification number on survey forms prevents disclosure of any information about a specific individual. The Committee questioned whether there had been any discussion and exchange of ideas between NIDA and other agencies with similar interests or related statistical systems, such as NCHS or FDA. The Committee agreed that a clear statement of problems and potentials in the area of drug abuse monitoring and surveillance should be prepared and forwarded through the Health Data Policy Committee to the Administrator of ADAMHA, the Director of NCHS, and the Commissioner of FDA.

The Committee also received a briefing on the drug monitoring and surveillance activities of FDA. Members learned that plans were being discussed for cooperation between FDA and the NCHS Division of Vital Statistics to allow for followback surveys on deaths which appear to be the result of adverse drug reactions. There may be some questions added to the NCHS National Ambulatory Medical Care Survey questionnaire to identify chronic drug use or drugs used in chronic illnesses. Population-based random sampling of hospital discharges collected by NCHS could point out drug-related problems and reactions. The NCHS Health Interview Survey also has the capability to obtain drug use information as does the Health and Nutrition

Examination Survey. The Committee, recognizing the opportunity and need to build inquiries about drug use into existing statistical systems, encourages continued cooperative activities between FDA and NCHS.

- D. To review and comment on findings and proposals developed by other organizations and agencies and to make recommendations for their adoption or implementation by local, State, national, or international agencies.*

USNCVHS reviewed the report prepared by the Cooperative Health Statistics Advisory Committee's Task Force on Definitions. The report outlines the characteristics of a cooperative health statistics system operation at the State level, the designation of State centers for health statistics, and the priorities for development of a cooperative health statistics system. There were several concerns expressed about the procedure for designating State centers for health statistics, the need for description of model organizations and entities, the development of model legislation, and the need to ensure that criteria for designation of the centers would not exclude any existing State centers. However, given these "caveats," USNCVHS endorsed the Advisory Committee's report and urged its completion and publication (see No. 19 of Series 4 of *Vital and Health Statistics*, DHEW Publication No. HRA 77-1456).

A subcommittee of USNCVHS met to review the DHEW 1976-77 Health Statistics Plan. There was general agreement that the 1976-77 Plan was not a plan but primarily a listing of various statistical systems and sources. The subcommittee noted an urgent need for some kind of conceptual framework within which to place these activities. It was suggested that the rubrics adopted for *Health, United States, 1975*—health status, health care expenditures, and health care outcomes—looked at in terms of persons and populations, could provide the conceptual model for the Plan. The subcommittee also felt that the Health Data Policy Committee needed to carefully consider the statistical utility of the various departmental systems.

USNCVHS received a report on the Association of State and Territorial Health Officers' Health Program Reporting System. It was apparent that much progress had been made

in developing uniform terms, definitions, and classifications for collecting data on State health programs and activities on a comparable basis. However, the full report of this study will be presented to the National Committee at a later date. It was agreed that the Committee recommend that this reporting system be carried forward and that as soon as uniform minimum data sets for terms, definitions, and classifications had been promulgated, they would be considered for inclusion in the reporting system.

USNCVHS received a presentation from the National Diabetes Commission. The Commission proposed reporting to USNCVHS annually and sought agreement from the Committee on stewardship for a diabetes data system. The Committee expressed the opinion that participation in this particular activity would set a precedent for the development of categorical statistical systems for individual diseases. This course of action did not seem wise in view of the need to relate health statistics and information systems to general populations, their needs, problems, use of services, and outcomes of care.

It was recorded that the National Diabetes Commission did not present any evidence to the National Committee that reflected major gaps in the DHEW data on diabetes, although there was an implication that improved coordination of survey and program data would increase the value of the information available. In view of priorities, the National Committee observed that there were more immediate concerns with respect to data on the environment, on health care costs, health manpower and facilities, and the use of services.

USNCVHS agreed that organizations or agencies within or without the Federal Government concerned with categorical diseases or with health related problems should be encouraged to prepare written critiques of potentials and limitations of Federal statistics and information systems that related to their particular categorical interest. These critiques could then be examined by the National Committee and the DHEW Health Data Policy Committee as circumstances warranted.

USNCVHS sent the following resolution to the Assistant Secretary for Health:

“Whereas the Federal Government has decided to mount a massive inoculation program to prevent the possibility

of an epidemic of swine influenza during the next year, a unique challenge is afforded to survey and measure the *total* impact of this program and its cost effectiveness.

"The National Center for Health Statistics, through its ongoing National Health Interview Survey, Health and Nutrition Examination Survey, Hospital Discharge Survey, National Ambulatory Medical Surveys, and Vital Statistics and Registration System, is ideally suited to coordinate and disseminate rapidly and reliably data on the effects of this vaccination program including:

- a. Trend in number and characteristics of those vaccinated and not vaccinated;
- b. Influenza illnesses, morbidity and mortality sequelae, and medical utilization by those vaccinated and not vaccinated; and
- c. Overall cost-benefit of the entire program including untoward side effects, medical care costs, bed days lost, and disability.

"In this effort, the National Center for Health Statistics would work closely with and supplement the Center for Disease Control Laboratory studies of influenza viral typing, monitoring of emergency room visits, and school and industry absenteeism reports to study patterns of influenza morbidity.

"Therefore, be it resolved that the Assistant Secretary of Health designate the National Center for Health Statistics as the lead agency with responsibility for coordinating this evaluative effort, and to provide such Center with the necessary funds and resources adequate to implement and execute this assignment.

"This instance of swine influenza is but one of the many health problems, diseases, and conditions facing the Nation where the collection, analysis, and dissemination of health information should not be fragmented and distributed among diverse Federal agencies, but for economy and reliability purposes, should be centralized in the National Center for Health Statistics as mandated in Public Law 93-353."

In addition to the above reports, USNCVHS in fiscal years 1975 and 1976 received presentations from the (1) Office of Management and Budget on Social Indicators,

1976; (2) Activities of the Social Science Research Council; (3) Health Data Policy Committee's Task Force on Family Planning Reporting Systems; (4) Office of Statistical Research, NCHS, plans for First National Atlas of Mortality; (5) Progress on the implementation of recommendations of the Committee To Evaluate NCHS; and (6) Office of International Statistics, NCHS, paper on the use of unique numbering systems in various countries. Detailed coverage of these reports can be found in the USNCVHS minutes.

*E. To review an annual report on the state of the Nation's health.*

USNCVHS appointed a subcommittee of its members to review the 1975 DHEW Annual Report to the Congress (*Health, United States, 1975*). The Subcommittee agreed that although the report contained insufficient analysis and interpretation and a few other shortcomings, given the constraints of personnel availability and time, the first report was an admirable effort. The USNCVHS role in the production of the 1975 report was only minimal and after the fact; however, the Committee will provide more substantive input for the next volume. It was suggested that the Annual Report of USNCVHS might be used as a vehicle for commentary on the findings of the report and to review those desirable improvements in the Department's statistical systems which become apparent in the process of preparing the report. USNCVHS unanimously adopted the following recommendation to be transmitted to the Assistant Secretary for Health:

"The USNCVHS has reviewed and enthusiastically endorsed *Health, United States, 1975*, and has participated in planning the next version. The Committee urges the Secretary, DHEW, through such measures as cost-sharing and personnel assignment, to provide NCHS with sufficient manpower and resources to compile future volumes expeditiously."

## CONSULTANTS FOR UNIFORM AMBULATORY MEDICAL CARE DATA SET

Lillian Guralnick, Statistician, Dade-Monroe Professional Standards Review Organization, Miami, Fla.

Erwin O. Hirsch, M.D., Associate Dean for Continuing Education, Medical College of Wisconsin, Milwaukee, Wis.

Barbara Hulka, M.D., Associate Professor of Epidemiology, School of Public Health, University of North Carolina, Chapel Hill, N.C.

Carmault B. Jackson, Jr., M.D., Associate Director, M.D. Anderson Hospital and Tumor Institute, Texas Medical Center, San Antonio, Tex.

Carol A. Lewis, Medical Records Administrator, Pan American Health Organization, Washington, D.C.

Nora Piore, Professor of Health Administration and Associate Director, Center for Community Health Systems, School of Public Health, Columbia University, New York, N.Y.

Sam Shapiro, Director, Health Services Research and Development Center, School of Hygiene and Public Health, Johns Hopkins University, Baltimore, Md.

Doris H. Thompson, M.D., Director, City of New Orleans Health Department, New Orleans, La.

Maurice Wood, M.D., Director of Research, Department of Family Practice, Medical College of Virginia, Richmond, Va.

### STAFF:

James E. Delozier, Chief, Ambulatory Care Statistics Branch, Division of Health Resources Utilization Statistics, Health Resources Administration, Hyattsville, Md.

## CONSULTANTS FOR LONG-TERM CARE MINIMUM DATA SET

Elizabeth M. Boggs, Ph.D., Former Member, President's Committee on Mental Retardation, Hampton, N.J.

Carl Eisdorfer, M.D., Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Washington, Seattle, Wash.

Louis Freedman, Deputy Director, Office of State Health Planning, Massachusetts Department of Health, Boston, Mass.

Barry J. Gurland, Chief, Geriatrics Department, New York State Psychiatric Institute, New York, N.Y.

Sidney Katz, M.D., Professor and Director, Office of Health Services Education and Research, College of Human Medicine, Michigan State University, East Lansing, Mich.

Margaret W. Linn, Ph.D., Director, Social Science Research, Veterans Administration Hospital, Miami, Fla.

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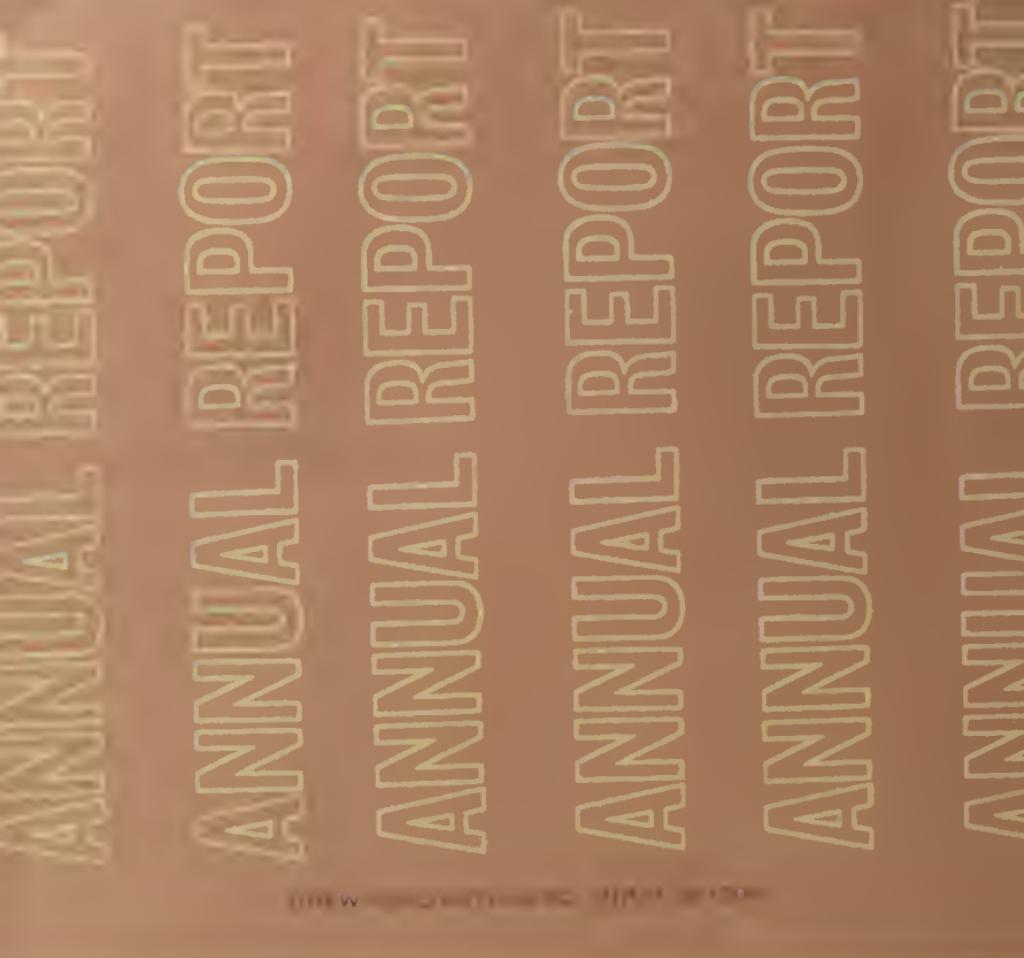
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